

PROVIDER REFERRAL FORM Fit Families for Life- *Be in Charge!* SM Program Medi-Cal

Fax the completed form to the Health Education Department at **800-628-2704** or by email at healtheducationdept@healthnet.com.

For questions or to check the status of a submitted referral, contact the Health Education Department directly at 800-804-6074.

Provider: Please complete the information below before sending the referral form by fax or email.

CalViva Health member information:		
Member full name:	Member ID:	Gender:
Date of birth:Age: Preferred written language: 🗖 English 🗖 Spanish 🗖 Other:		
Address: City:	State:	ZIP Code:
Phone () Parent/Legal guardian full name:		
 Select requested weight management resources: Fit Families for Life (FFFL) – Home Edition Five-week, self-study, home-based family program aimed at improving food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos. Healthy Habits Healthy People (HHHP) Weight management program for older adults aimed to improve food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos. 		
Physician information:		
Name:	License number:	
Clinic/provider group name:		
Phone number: ()	Fax number:	
Email address:		
Physician signature:	Date:	

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